



IMMUNIZATION REQUIREMENTS

Employee/Visitor Name _____ UT EID: _____

The following immunizations are required for all clinical staff at Dell Medical School. Annual tuberculosis screening is also required. Please complete the form and attach all necessary supportive documentation.

Annual Tuberculosis (TB) Screening:

1. What was the date of your last TB test? Date: _____

2. Please check which type of TB test that you had:

a. ___ PPD (Mantoux) TB skin test -Date: _____

b. ___ IGRA blood test (Quantiferon Gold Test or T-spot Blood test)

Attach report of TB blood test

3. Was your TB test positive? Yes ___ No ___

If yes, a chest x-ray must be performed and you must complete a TB questionnaire

Attach X-ray report if available

Varicella (Chickpos) Vaccination

4. Have you been vaccinated for Varicella? Yes ___ No ___

If yes, what were the dates of the two doses, given at least three months apart with first dose on or after first birthday?

a. Dose# 1 Date: _____

b. Dose #2 Date: _____

If no, please attach physician note confirming diagnosed case of chickenpox, or a positive blood test (titer) showing protective antibodies against varicella. Attach report.

Measles, Mumps, and Rubella:

5. Have you been vaccinated for Measles, Mumps, & Rubella (MMR)? Yes ___ No ___

If yes, please provide one of the following:

a. Two doses of MMR vaccine given at least 28 days apart with first dose administered on or after the first birthday or

b. A positive blood test (titer) showing protective antibodies to all three diseases. Attach report



Tetanus (Td/Tdap)

6. Have you been vaccinated for Tetanus? Yes ____ No ____

If yes, please give the date: _____

Please check which done: Td__ Tdap__

Hepatitis B

7. Have you been vaccinated for Hepatitis B? Yes ____ No ____

If yes, please list the dates of each dose:

a. Dose #1 date: _____

b. Dose#2 date _____

c. Dose#3 date: _____

If no, have you had a positive blood titer test showing protective antibodies to Hep B

Yes ____ No ____ If yes, please Attach report

Influenza Vaccine:

Recommended Annually

8. What was the date of your last flu shot? Date: _____

(Influenza vaccine is strongly recommended for healthcare workers, not only to protect themselves, but to reduce the chance of spreading influenza to our patients and community. Influenza infection can lead to serious complications and can be fatal, especially in elderly or sick persons, including those hospitalized. Dell Medical School is committed to the health and well-being of our employees and patients and considers influenza vaccination of all DELL Medical School Employees a high priority for patient safety.

Occupational Health Program Representative

Signature: _____

Date: _____